

# Proposed Standards Revisions Related to Pain Assessment and Management

## Hospital Accreditation Program

### Leadership (LD) Chapter

#### **LD.04.04.01**

1        Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement"  
2        [PI] chapter.)

##### **Elements of Performance for LD.04.04.01**

3        1. Leaders set priorities for performance improvement activities and patient health outcomes. (See  
4                    also PI.01.01.01, EPs 1 and 3)

5        2. Leaders give priority to high-volume, high-risk, or problem-prone processes for performance  
6                    improvement activities. (See also PI.01.01.01, EPs 4, 6–8, 11, 14, and 15)

7        3. Leaders reprioritize performance improvement activities in response to changes in the internal  
8                    or external environment.

9        4. Performance improvement occurs hospitalwide.

10        5. For hospitals that elect The Joint Commission Primary Care Medical Home option: Ongoing  
11                    performance improvement occurs hospitalwide for the purpose of demonstrably improving the  
12                    quality and safety of care, treatment, or services.

13        6. For hospitals that elect The Joint Commission Primary Care Medical Home option: The  
14                    interdisciplinary team actively participates in performance improvement activities.

15        24. For hospitals that elect The Joint Commission Primary Care Medical Home option: Leaders  
16                    involve patients in performance improvement activities.  
17                    Note: Patient involvement may include activities such as participating on a quality committee or  
18                    providing feedback on safety and quality issues.

19        25. Senior hospital leadership directs implementation of selected hospitalwide improvements in  
20                    emergency management based on the following:  
21                    - Review of the annual emergency management planning reviews (See also EM.03.01.01, EP 4)  
22                    - Review of the evaluations of all emergency response exercises and all responses to actual  
23                    emergencies (See also EM.03.01.03, EP 15)  
24                    - Determination of which emergency management improvements will be prioritized for  
25                    implementation, recognizing that some emergency management improvements might be a  
26                    lower priority and not taken up in the near term

27        32. **The hospital implements process improvement activities identified through analysis of  
28                    pain assessment and pain management data. (See also MS.05.01.01, EP 18; PI.01.01.01,  
29                    EP 56; PI.02.01.01, EPs 4 and 8; PI.03.01.01, EPs 2 and 4)**

## LD.04.05.17

30      **Pain assessment and pain management, including safe opioid prescribing, is identified as an**  
31      **organizational priority for the hospital.**

### Elements of Performance for LD.04.05.17

- 32      1. The hospital has a leader or leadership team that is responsible for pain management  
33      and safe opioid prescribing and develops and monitors performance improvement  
34      activities.
- 35      2. **The hospital promotes access to nonpharmacologic pain treatment modalities (this may**  
36      **include alternative modalities, such as, chiropractic, relaxation therapy, music therapy).**
- 37      3. The hospital provides staff and licensed independent practitioners with educational  
38      resources and programs to improve pain assessment, pain management, and the safe  
39      use of opioid medications based on the identified needs of its patient population.
- 40      4. The hospital establishes a plan to monitor pain assessment and pain management for  
41      potential disparities in care within patient subgroups; these subgroups may be defined  
42      by age, language, race, ethnicity, or other factors relevant in the organization's patient  
43      population. (See also RC.02.01.01, EP 1; RI.01.01.03, EPs 1 and 3)
- 44      5. The hospital provides information to staff and licensed independent practitioners on  
45      available services for consultation and referral of patients with complex pain  
46      management needs.
- 47      6. The hospital identifies opioid treatment programs that can be used by clinicians for  
48      patient referrals.
- 49      7. The hospital facilitates practitioner and pharmacist access to the Prescription Drug  
50      Monitoring Program databases.
- 51      8. The hospital provides equipment for clinicians to monitor patients considered high risk  
52      for adverse outcomes from opioid treatment during hospitalization.

## Medical Staff (MS) Chapter

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## MS.05.01.01

53      The organized medical staff has a leadership role in organization performance improvement activities  
54      to improve quality of care, treatment, and services and patient safety.

### Elements of Performance for MS.05.01.01

- 55      1. The organized medical staff provides leadership for measuring, assessing, and improving  
56      processes that primarily depend on the activities of one or more licensed independent  
57      practitioners, and other practitioners credentialed and privileged through the medical staff  
58      process. (See also PI.03.01.01, EPs 2 and 4)
- 59      2. The medical staff is actively involved in the measurement, assessment, and improvement of the  
60      following: Medical assessment and treatment of patients. (See also PI.03.01.01, EPs 2 and 4)
- 61      3. The medical staff is actively involved in the measurement, assessment, and improvement of the  
62      following: Use of information about adverse privileging decisions for any practitioner privileged  
63      through the medical staff process. (See also PI.03.01.01, EPs 2 and 4)

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64        4. The medical staff is actively involved in the measurement, assessment, and improvement of the  
65        following: Use of medications. (See also PI.03.01.01, EPs 2 and 4)

66        5. The medical staff is actively involved in the measurement, assessment, and improvement of the  
67        following: Use of blood and blood components. (See also PI.03.01.01, EPs 2 and 4)

68        6. The medical staff is actively involved in the measurement, assessment, and improvement of the  
69        following: Operative and other procedure(s) (See also PI.01.01.01, EP 4; PI.03.01.01, EPs 2  
70        and 4)

71        7. The medical staff is actively involved in the measurement, assessment, and improvement of the  
72        following: Appropriateness of clinical practice patterns. (See also PI.03.01.01, EPs 2 and 4)

73        8. The medical staff is actively involved in the measurement, assessment, and improvement of the  
74        following: Significant departures from established patterns of clinical practice. (See also  
75        PI.03.01.01, EPs 2 and 4)

76        9. The medical staff is actively involved in the measurement, assessment, and improvement of the  
77        following: The use of developed criteria for autopsies. (See also PI.03.01.01, EPs 2 and 4)

78        10. Information used as part of the performance improvement mechanisms, measurement, or  
79        assessment includes the following: Sentinel event data. (See also PI.03.01.01, EPs 2 and 4)

80        11. Information used as part of the performance improvement mechanisms, measurement, or  
81        assessment includes the following: Patient safety data. (See also PI.03.01.01, EPs 2 and 4)

82        17. For hospitals that use Joint Commission accreditation for deemed status purposes: The  
83        hospital attempts to secure autopsies in all cases of unusual deaths and cases of medical,  
84        legal, and educational interest, and informs the medical staff (specifically the attending  
85        physician or clinical psychologist) of autopsies that the hospital intends to perform.  
86        Note: The definition of "physician" is the same as that used by the Centers for Medicare &  
87        Medicaid Services (CMS) (refer to the Glossary).

88        18. **The medical staff is actively involved in pain assessment, pain management, and safe  
89        opioid prescribing through the following (See also LD.04.04.01, EP 32):**  
90        - Participating in the establishment of protocols and quality metrics  
91        - Reviewing performance improvement data

## Provision of Care, Treatment, and Services (PC) Chapter

### PC.01.02.07

92        The hospital assesses and manages the patient's pain.

93        **The hospital assesses and manages the patient's pain based on clinical practice guidelines  
94        and evidence-based practices and minimizes the risks associated with treatment.**

#### Elements of Performance for PC.01.02.07

95        1. The hospital conducts a comprehensive pain assessment that is consistent with its scope of  
96        care, treatment, and services and the patient's condition. (See also PC.01.02.01, EP 2;  
97        RI.01.01.01, EP 8)

98        1. **The hospital has written policies on pain screening, assessment, and reassessment.  
99        These policies are based on clinical practice guidelines and evidence based practices.**

100        2. The hospital uses methods to assess pain that are consistent with the patient's age, condition,  
101        and ability to understand.

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102     2. The hospital uses methods to screen, assess, and reassess pain that are consistent with  
103     the patient's age, condition, and ability to understand.

104     3. The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.

105     3. **The hospital screens patients for pain or the risk of pain at the time of admission, based**  
106     **on the patient's condition and planned medical procedures and treatments.**

107     4. The hospital either treats the patient's pain or refers the patient for treatment.  
108     Note: Treatment strategies for pain may include pharmacologic and nonpharmacologic  
109     approaches. Strategies should reflect a patient-centered approach and consider the patient's  
110     current presentation, the health care providers' clinical judgment, and the risks and benefits  
111     associated with the strategies, including potential risk of dependency, addiction, and abuse.

112     4. **For patients who have been screened and found to have new, undiagnosed, or**  
113     **worsening pain, the hospital conducts an assessment of clinical and psychosocial risk**  
114     **factors that may affect pain assessment, pain management, and the risk of treatment**  
115     **with opioids.**

116     5. For patients who have pain of unclear etiology after the initial history and physical  
117     examination, a diagnostic plan is developed and implemented.

118     6. The hospital either treats the patient's pain or refers the patient for treatment.  
119     Note: Treatment strategies for pain may include pharmacologic, **nonpharmacologic**, and  
120     multimodal approaches.

121     7. The hospital develops a pain treatment plan based on evidence, protocols, and the  
122     patient's clinical condition and pain management goals.

123     8. The hospital involves patients in the pain management treatment planning process  
124     through the following:  
125        - Developing realistic expectations and measurable goals for the degree, duration, and  
126        reduction of pain that are understood by the patient  
127        - Discussing the objectives used to evaluate treatment progress (for example, relief of  
128        pain and improved physical and psychosocial function)  
129        - Providing education on pain management, treatment options, and safe use of opioid  
130        medications

131     9. The hospital reassesses and responds to the patient's pain through the following:  
132        - Evaluation and documentation of response(s) to pain intervention(s) (See also  
133        RC.01.01.01, EP 7)  
134        - Progress toward pain management goals and in the recovery process including  
135        functional ability (for example, ability to take a deep breath, turn in bed, walk with  
136        improved pain control)  
137        - Side effects of treatment  
138        - Risk factors for adverse events caused by the treatment

139     10. The hospital educates the patient and family on discharge plans related to pain  
140        management including the following:  
141        - Pain management plan of care  
142        - Side effects of pain management treatment  
143        - Activities of daily living, including the home environment, that might exacerbate pain or  
144        reduce effectiveness of the pain management plan of care, as well as strategies to  
145        address these issues  
146        - Safe use, storage, and disposal of opioids (for example, using the US Food and Drug  
147        Administration (FDA) medication disposal guidelines and information on locations in the  
148        community where opioids can be disposed)

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## Performance Improvement (PI) Chapter

### PI.01.01.01

149 The hospital collects data to monitor its performance.

#### Elements of Performance for PI.01.01.01

- 150 1. The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
- 151 2. The leaders identify the frequency for data collection.  
152 Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The  
153 leaders that specify the frequency and detail of data collection is the governing body.
- 154 3. The hospital collects data on the following: Performance improvement priorities identified by  
155 leaders. (See also LD.04.04.01, EP 1)
- 156 4. The hospital collects data on the following: Operative or other procedures that place patients at  
157 risk of disability or death. (See also LD.04.04.01, EP 2; MS.05.01.01, EP 6)
- 158 5. The hospital collects data on the following: All significant discrepancies between preoperative  
159 and postoperative diagnoses, including pathologic diagnoses.
- 160 6. The hospital collects data on the following: Adverse events related to using moderate or deep  
161 sedation or anesthesia. (See also LD.04.04.01, EP 2)
- 162 7. The hospital collects data on the following: The use of blood and blood components. (See also  
163 LD.04.04.01, EP 2)
- 164 8. The hospital collects data on the following: All reported and confirmed transfusion reactions.  
165 (See also LD.04.04.01, EP 2; LD.04.04.05, EP 6)
- 166 11. The hospital collects data on the following: The results of resuscitation. (See also LD.04.04.01,  
167 EP 2)
- 168 14. The hospital collects data on the following: Significant medication errors. (See also LD.04.04.01,  
169 EP 2; MM.08.01.01, EP 1)
- 170 15. The hospital collects data on the following: Significant adverse drug reactions. (See also  
171 LD.04.04.01, EP 2; MM.08.01.01, EP 1)
- 172 16. The hospital collects data on the following: Patient perception of the safety and quality of care,  
173 treatment, or services.
- 174 40. For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary  
175 care medical home collects data on the following: Disease management outcomes.
- 176 41. For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary  
177 care medical home collects data on the following: Patient access to care within time frames  
178 established by the hospital.
- 179 42. For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary  
180 care medical home collects data on the following:  
181 - Patient experience and satisfaction related to access to care, treatment, or services, and  
182 communication  
183 - Patient perception of the comprehensiveness of care, treatment, or services  
184 - Patient perception of the coordination of care, treatment, or services  
185 - Patient perception of the continuity of care, treatment, or services  
186 (Refer to PI.01.01.01, EP 16)

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187 46. The hospital collects data on patient thermal injuries that occur during magnetic resonance  
188 imaging exams.

189 47. The hospital collects data on the following:  
190 - Incidents where ferromagnetic objects unintentionally entered the magnetic resonance  
191 imaging (MRI) scanner room  
192 - Injuries resulting from the presence of ferromagnetic objects in the MRI scanner room

193 56. **The hospital collects data on pain assessment and pain management including timing of  
194 reassessments, types of interventions, and effectiveness (See also LD.04.04.01, EP 32).**

## PI.02.01.01

195 The hospital compiles and analyzes data.

### Elements of Performance for PI.02.01.01

196 3. The hospital uses statistical tools and techniques to analyze and display data.

197 4. The hospital analyzes and compares internal data over time to identify levels of performance,  
198 patterns, trends, and variations (See also LD.04.04.01, EP 32).

199 6. The hospital reviews and analyzes incidents where the radiation dose index (computed  
200 tomography dose index [CTDIvol], dose length product [DLP], or size-specific dose estimate  
201 [SSDE]) from diagnostic CT examinations exceeded expected dose index ranges identified in  
202 imaging protocols. These incidents are then compared to external benchmarks.  
203 Note 1: While the CTDIvol, DLP, and SSDE are useful indicators for monitoring radiation dose  
204 indices from the CT machine, they do not represent the patient's radiation dose.  
205 Note 2: This element of performance does not apply to dental cone beam CT radiographic  
206 imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to  
207 obtain guidance for the treatment of such conditions.

208 7. The hospital analyzes its organ procurement conversion rate data as provided by the organ  
209 procurement organization (OPO). (See also TS.01.01.01, EP 1)  
210 Note: Conversion rate is defined as the number of actual organ donors over the number of  
211 eligible donors defined by the OPO, expressed as a percentage.

212 8. The hospital uses the results of data analysis to identify improvement opportunities. (See also  
213 LD.03.02.01, EP 5; LD.04.04.01, EP 32)

214 12. When the hospital identifies undesirable patterns, trends, or variations in its performance  
215 related to the safety or quality of care (for example, as identified in the analysis of data or a  
216 single undesirable event), it includes the adequacy of staffing, including nurse staffing, in its  
217 analysis of possible causes.  
218 Note 1: Adequacy of staffing includes the number, skill mix, and competency of all staff. In their  
219 analysis, hospitals may also wish to examine issues such as processes related to work flow;  
220 competency assessment; credentialing; supervision of staff; and orientation, training, and  
221 education.  
222 Note 2: Hospitals may find value in using the staffing effectiveness indicators (which include  
223 National Quality Forum Nursing Sensitive Measures) to help identify potential staffing issues.

224 13. When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the  
225 hospitalwide patient safety program (as addressed at LD.04.04.05, EP 1) are informed, in a  
226 manner determined by the safety program, of the results of this analysis and actions taken to  
227 resolve the identified problem(s). (See also LD.03.05.01, EP 7)

228 14. At least once a year, the leaders responsible for the hospitalwide patient safety program review  
229 a written report on the results of any analyses related to the adequacy of staffing and any  
230 actions taken to resolve identified problems. (See also LD.04.04.05, EP 13)

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231    18. The hospital analyzes data collected on pain assessment and pain management.

232    19. The hospital establishes and monitors indicators of safe use of opioids (for example, checking for adverse events, use of naloxone, use of high doses, and duration of opioid prescriptions).